

**Leominster Recreation Department
Intermediate Program Summer 2005**

The Recreation Department will hold its Intermediate Program this year, rain or shine, at the following sites:
Leominster High School for children ages 10- 12. The Program will run for eight weeks, 1-week sessions,
beginning June 27 and ending August 19, 2005. Hours are 9:00 – 3:00 p.m. Children will have an opportunity to
play sports, games, try their hands at Arts and Crafts, and explore nature with other participants.

REGISTRATION FEE: WEEK 1 - 7: \$65.00 per week/per child

Site Location : Leominster High School Rubber Gym

Please **CIRCLE** the weeks you would like your child to attend:

| Week 1 | Week 2 | Week 3 | Week 4 | Week 5 | Week 6 | Week 7 | Week 8 |
|--------|--------|--------|--------|--------|--------|--------|--------|
|--------|--------|--------|--------|--------|--------|--------|--------|

Participant Name: _____ Last Name: _____

DOB: _____ AGE: _____ GRADE: _____ Sex: Male _____ Female _____

Address: _____ Home Phone: _____

City/State: _____ Zip: _____ E-mail: _____

*When emergency situations arise, we want to be able to handle them according to your wishes, if possible.
Please fill in ALL the following information. Indicate by number () the order of preference for contacting the
people listed.

Mother's Name: _____ () Mother's Phone #: _____
() Mother's Work #: _____ () Mother's Cell #: _____

Father's Name: _____ () Father's Phone #: _____
() Father's Work #: _____ () Father's Cell #: _____

Emergency Contact: _____ () Emergency Phone: _____
Doctor's Name: _____ () Doctor's Phone: _____

The Leominster
Recreation
Commission
reserves the right
to suspend any
child from the
program if there
are behavioral
problems that
cannot be
resolved.

GENERAL HEALTH: _____ ALLERGIES: _____
ANY SPECIAL MEDICAL CARE? _____
ACTIVITY RESTRICTIONS: _____
MY CHILD HAS PERMISSION TO WALK/RIDE BIKE TO PLAYGROUND:
YES__NO__
MY CHILD CAN BE PICKED UP ONLY BY (other than parent)
1. _____ 2. _____

**THIS FORM
MAY BE
DUPLICATED.**

PHOTOGRAPHY CONSENT AND WAIVER

__ My child _____ has permission to be photographed during Recreation programs for publicity
purposes by members of the press.

__ My child _____ has permission to be photographed by Leominster Recreation staff only, and NOT
by the press for publicity purposes.

__ My child _____ may NOT be photographed at any time.

I agree not to hold responsible the Leominster Recreation Commission; the City Of Leominster; the owners of the
premises where the programs are held; or any of the parties connected with the program for any injury or accident
that may occur during the program. I understand that if my child becomes a discipline problem, he/she will be
dismissed from the program. No money will be refunded. I also grant permission for the Recreation Staff to seek
medical care in the event I cannot be reached (All participants in any city recreation program must sign this waiver.)

Sign Here: Parent/Guardian: _____

Date: _____

Non-Resident Fee: Add \$5.00 per program. THIS FORM MAY BE DUPLICATED.

LEOMINSTER RECREATION DEPARTMENT, 25 WEST STREET, LEOMINSTER, MA 01453